

CALIFORNIA LIQUID WASTE HAULER RECORD

No 2532

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

SFUND RECORDS CTR

999000418

PRODUCER OF WASTE (Must be filled by producer)

Name (print or type):

WESLOCK CO

Code No.

Pick up Address:

13344 W MAIN

Telephone Number:

(Number) (Street) (City)

P.O. or Contract No.

Order Placed By:

Date: 10-18-78

Type of Process

which Produced Wastes:

(Examples: metal plating, equipment cleaning, oil drilling--Code No.
wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

- | | |
|--|---|
| 1. <input type="checkbox"/> Acid solution | 8. <input type="checkbox"/> Tank bottom sediment |
| 2. <input type="checkbox"/> Alkaline solution | 9. <input checked="" type="checkbox"/> Oil SOL |
| 3. <input type="checkbox"/> Pesticides | 10. <input type="checkbox"/> Drilling mud |
| 4. <input type="checkbox"/> Paint sludge | 11. <input type="checkbox"/> Contaminated soil and sand |
| 5. <input type="checkbox"/> Solvent | 12. <input type="checkbox"/> Cannery waste |
| 6. <input type="checkbox"/> Tetraethyl lead sludge | 13. <input type="checkbox"/> Latex waste |
| 7. <input type="checkbox"/> Chemical toilet wastes | 14. <input type="checkbox"/> Mud and water |
| | 15. <input type="checkbox"/> Brine |

☐ Other (Specify)

Code No.

Components:

(Examples: Hydrochloric acid, lime, caustic soda,
phenolics, solvents (list), metals (list),
organics (list), cyanide)

1. <u>NONE</u>	Upper	Concentration:	Lower	%	ppm
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____

Hazardous Properties of Waste:

pH <u>7</u>	<input checked="" type="checkbox"/> none	<input type="checkbox"/> toxic	<input type="checkbox"/> flammable	<input type="checkbox"/> corrosive	<input type="checkbox"/> explosive
Bulk Volume: <u>50</u>	<input type="checkbox"/> gal	<input type="checkbox"/> tons	<input type="checkbox"/> barrels	<input type="checkbox"/> other	(specify)
Containers:	<input type="checkbox"/> drums	<input type="checkbox"/> cartons	<input type="checkbox"/> bags	<input type="checkbox"/> other	TANK (specify)
Physical State:	<input type="checkbox"/> solid	<input checked="" type="checkbox"/> liquid	<input type="checkbox"/> sludge	<input type="checkbox"/> other	(specify)

Special Handling Instructions (if any):

none

The waste is described to the best of my ability and it was delivered to
a licensed liquid waste hauler (if applicable).I certify (or declare) under penalty
of perjury that the foregoing is true
and correct.

Signature of authorized agent and title

HAULER OF WASTE (Must be filled by hauler)

Name (print or type):

ALL AMERICAN OIL COMPANY

Code No.

Business Address:

8655 So. Main Street, Los Angeles 90003

Telephone Number:

(Number) (Street) (City)

Pick Up:

(Date)

Time: : : pm

State Liquid Waste Hauler's Registration No. (if applicable):

118

Job No.:

No. of Loads or Trips:

Unit No.:

Vehicle:

☒ vacuum truck70 barrels,☐ flatbed,☐ other

(specify)

The described waste was hauled by me to the disposal
facility named below and was accepted.I certify (or declare) under penalty
of perjury that the foregoing is true
and correct.

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type):

OPERATIONAL INDUSTRIES

Code No.

Site Address:

2025 GARFIELD MONTEREY PARK

The hauler above delivered the described waste to this disposal facility and
it was an acceptable material under the terms of RWOCB requirements, State
Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable):

State fee (if any):

Handling Method(s):

☐ recovery☐ treatment (specify):☐ disposal (specify):

(Examples: incineration, neutralization, precipitation)-Code No.

☐ pond ☐ spreading ☐ landfill ☐ injection well☐ other (specify):

Code No.

If waste is held for disposal elsewhere specify final location:

Disposal Date:

10-18-78

I certify (or declare) under penalty
of perjury that the foregoing is true
and correct.

Signature of authorized agent and title

The site operator shall submit a legible copy of each completed record to the
State Department of Health with monthly fee reports.

A029511

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING
HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

D.O.T. Proper Shipping Name